

**MAINE DEPARTMENT OF EDUCATION
COMPREHENSIVE SCHOOL HEALTH EDUCATION GRANT
1999**

The Maine Department of Education has three year funding available for at least twenty Maine school sites. Funding allocations will be \$2500 for year one, \$1500 for year two, and \$1000 for year three. These funds are for schools and school systems to link Maine *Learning Results* to comprehensive school health education curriculum, instruction and assessment. The funds can be used for curriculum development or revision, professional development, classroom materials and local assessment for health education as part of a coordinated school health program.

The year one grants are to be expended between July 1999 and June 2000. Year two funds are to be expended between July 2000 and June 2001. Year three funds are to be expended between July 2001 and June 2002. Year two and year three grants will be awarded pending satisfactory completion of the previous year's grant activities and submission of the year-end reports.

Funding for the grants are from the Centers for Disease Control and Prevention, Division of Adolescent and School Health Cooperative Agreement to focus on good nutrition, increased physical activity and tobacco prevention; Bureau of Health, Preventive Health and Health Services Block Grant to focus on Sexual Assault and Harassment Prevention; and the Maine Department of Education to focus on Suicide Prevention.

**APPLICATION DUE DATE
POSTMARKED NO LATER THAN
May 7, 1999**

**SCHOOLS WILL BE NOTIFIED NO LATER THAN
May 21, 1999**

AUTHORIZED EXPENDITURES:

The funds may be used only for the following activities:

- ◆ Stipend for Health Education Grant Coordinator and/or committee members
- ◆ Substitute pay for 1) health education curriculum development and
2) professional development for those educators responsible for teaching
health education
- ◆ Professional development for comprehensive school health education, schoolsite health
promotion or other coordinated school health programs (maximum of \$500.00)
- ◆ Purchase of resources to support the health education curriculum
- ◆ Development of materials for comprehensive health education curriculum, instruction and
assessment
- ◆ Community/family programs related to health education

REQUIREMENTS

- Application is submitted by a state approved school or schools (one application per SAU) and by a school administrative unit not currently receiving a MDOE Comprehensive School Health Education (CSHE) Grant
- Application includes the Superintendent's signature and a Letter of Commitment to Attend the CSHE Summer Institute signed by an administrator
- Comprehensive health education curriculum, linked to Maine's *Learning Results*, kindergarten through high school (or grades that correspond with the application) is established, in development, or will be developed within the three-year grant period

TO BE CONSIDERED, APPLICATIONS MUST MEET THE FOLLOWING CRITERIA:

- Schools willing to incorporate or enhance their health education curriculum in the areas of nutrition, physical activity, and tobacco and sexual assault and suicide prevention
- Evidence of school, family and community cooperative efforts
- Support for comprehensive health education instruction with appropriate professional development
- Schools designing health education assessment or willing to begin development of local assessment
- Coordination with Improving America's School Act (IASA) and other school reform and health related initiatives

HEALTH EDUCATION PERFORMANCE OUTCOMES TO BE ACCOMPLISHED

- Comprehensive and sequential health education curriculum is developed or updated
- Professional development needs are assessed
- Professional development is provided for teachers
- Supporting classroom materials for teaching the health education curriculum are identified and procured
- Student achievement is documented and reported on an equal basis with other academic subject areas

REPORTING

A year one performance and financial report will be required June 1, 2000. The year two report will be due June 1, 2001 and the final report will be due June 30, 2002.

COMPREHENSIVE SCHOOL HEALTH EDUCATION **GRANT EXPECTATIONS**

YEAR ONE

- Select Health Education Grant Coordinator
- Establish or reconvene K-12 (or grades identified in the application) Health Education Committee
- The Health Education Grant Coordinator, an administrator and up to 2 additional representatives attend a 1 ½ day professional development workshop on June 30 – July 1, 1999, provided by the Maine Department of Education (registration fee, meals and lodging provided for up to four persons.)
- Arrange a meeting between a MDOE representative and the school administrative team or other group to clarify expectations for grant performance outcomes
- 1 or 2 Health Education Committee representatives attend a regional meeting (November 1999) facilitated by the Maine Department of Education
- 1 to 3 Health Education Committee representatives attend a 1-day statewide meeting (March 2000) provided by the Maine Department of Education
- Establish a Health Education Committee work plan to include but not be limited to the following activities:
 - ❑ Inform school staff, school board and community of the grant expectations and projected activities.
 - ❑ Review or develop a K-12 health education curriculum, or designated grades, linking the curriculum to the health education standards outlined in the Maine *Learning Results*.
 - ❑ Assess appropriate classroom materials needed to implement the health education curriculum.
 - ❑ Provide professional development that addresses identified teacher needs for implementation and assessment of the health education curriculum. A maximum of \$500.00 per year may be used for professional development for schoolsite health promotion.
 - ❑ Develop and implement health education student assessment strategies and reporting process.
 - ❑ Implement and evaluate year one workplan activities.
 - ❑ Submit a performance progress and financial first year report.

(over)

GRANT EXPECTATIONS

(cont.)

YEAR TWO

- Up to 4 Health Education Committee representatives attend a 1 ½ day Summer Institute provided by the MDOE (July 2000)
- Implement year two work plan activities
- 1 or 2 Health Education Committee representatives attend regional meeting facilitated by the MDOE (November 2000)
- 1 or 3 Health Education Committee representatives attend a statewide meeting provided by the MDOE (March 2001)
- Evaluate year two grant activities
- Submit a performance progress and financial second year report

YEAR THREE

- Up to 4 Health Education Committee representatives attend a 1 ½ day Summer Institute provided by the MDOE (July 2001)
- Implement year three work plan activities
- 1 or 2 Health Education Committee representatives attend regional meeting provided by the MDOE (November 2001)
- Develop a maintenance and evaluation plan for health education
- Attend a final statewide meeting and celebration provided by the MDOE (March 2002)
- Evaluate year three grant and project activities
- Submit a performance progress and financial final report

TIMELINE

SELECTION PROCESS

Application postmarked	May 7, 1999
Selection notification	May 21, 1999

YEAR ONE

Health Education Grant Coordinator selected	by July 1999
Attend Comprehensive School Health Education Summer Institute	<u>June 30 – July 1, 1999</u>
Health Education Committee established	by September 15, 1999
Committee work plan established and submitted	by October 1999
Meeting between MDOE and school representatives takes place	by October 15, 1999
School staff, school board and community informed	by November 1999
Attend regional meeting for grant sites	November 1999
Attend CSHE Spring Workshop	March 2000
Committee year one activities completed and evaluated	by June 1, 2000
First year-end report due	by June 4, 2000

YEAR TWO

Attend Comprehensive School Health Education Summer Institute	June/July 2000
Second year work plan activities and timeline developed and submitted	by October, 2000
Attend regional meeting for grant sites	November 2000
Attend CSHE Spring Workshop	March 2001
Committee year two activities completed and evaluated	by June 1, 2001
Second year-end report due	by June 4, 2001

TIMELINE

(cont.)

YEAR THREE

Attend Comprehensive School Health Education Summer Institute	June/July 2001
Third year work plan activities and timeline developed and submitted	by October 2001
Attend regional meeting for grant sites	November 2001
Attend CSHE Spring Workshop	March 2002
Maintenance and evaluation plan established	by April 2002
Work plan activities completed and evaluated	by June 1, 2002
Final report due	by June 30, 2002

INSTRUCTIONS FOR SUBMITTING YOUR APPLICATION

1. Complete the cover page.
2. Complete the ATTACHMENTS page. Indicate attachment number on upper right corner. Only those attachments indicated on the page will be accepted. Be sure to attach the signed Letter of Commitment to Attend the CSHE Summer Institute.
3. Answer all of the questions listed on QUESTIONS page. Limit your total responses to a MAXIMUM of four one-sided typewritten pages.
4. Complete the budget page.
5. All applications must be typed and one-sided. Do not submit the application in a cover or binder. *Print may not be reduced below 10 point.*
6. All components of the grant application must be submitted at one time and in one package. Each application must include the original and TWO copies.
7. Written questions may be addressed to:
Katherine Wilbur
Maine Department of Education
23 State House Station
Augusta, Me 04333-0023
FAX: 287-5927
E-mail: kathy.wilbur@state.me.us

Written questions and responses will be posted on the MDOE Web Page:
www.state.me.us/education/cshe.htm

COVER PAGE

MAINE DEPARTMENT OF EDUCATION COMPREHENSIVE SCHOOL HEALTH EDUCATION GRANT APPLICATION 1999

ADMINISTRATIVE UNIT _____ APPLYING AS: _____SCHOOL(S)
_____SAU

FISCAL AGENT (IF DIFFERENT FROM ABOVE) _____

SCHOOL(S) _____ GRADES _____ PRINCIPAL _____
_____ GRADES _____ PRINCIPAL _____
_____ GRADES _____ PRINCIPAL _____
(LIST ALL THAT WILL PARTICIPATE - LIST ADDITIONAL SCHOOLS ON BACK)

SUPERINTENDENT OF SCHOOLS (Mr., Ms., Dr.) _____
first name last name

CONTACT PERSON (Mr., Ms., Dr.) _____
first name last name

SCHOOL OR OFFICE _____

ADDRESS _____

TELEPHONE _____ FAX _____

EMAIL ADDRESS _____

THIS GRANT AWARDED BY THE MAINE DEPARTMENT OF EDUCATION MUST HAVE THE SPONSORSHIP OF AN ADMINISTRATIVE UNIT THAT ACCEPTS RESPONSIBILITY TO MAINTAIN AUDITABLE RECORDS OF THE DISBURSEMENT OF GRANT FUNDS.

AS SUPERINTENDENT/CHIEF ADMINISTRATIVE OFFICER OF _____ (SAU),
I CERTIFY THAT THIS PROGRAM HAS THE AUTHORIZATION OF THE LOCAL SCHOOL COMMITTEE OR GOVERNING BODY TO OPERATE IN OUR SYSTEM. PROPER FISCAL RECORDS WILL BE MAINTAINED FOR REPORTING OR AUDITING PURPOSES AND I FULLY SUPPORT THE PROPOSED GRANT ACTIVITIES.

SCHOOL SUPERINTENDENT/CHIEF ADMINISTRATIVE OFFICER DATE

MAIL OR DELIVER ORIGINAL AND TWO COPIES TO:

KATHERINE WILBUR - ROOM 211
MAINE DEPARTMENT OF EDUCATION
23 STATE HOUSE STATION
AUGUSTA, MAINE 04333-0023

APPLICATIONS MUST BE POSTMARKED OR DELIVERED
NO LATER THAN
May 7, 1999

COMMITMENT TO HEALTH EDUCATION CURRICULUM (Minimum requirement: one yes)

_____ Yes _____ No Does the SAU have an established health education curriculum that links to the Maine *Learning Results*?

_____ Yes _____ No Is the SAU currently in the process of developing a health education curriculum that links to the Maine *Learning Results*?

_____ Yes _____ No If neither of the above apply, is the SAU willing to develop or revise the health education curriculum to link to the Maine *Learning Results* within the grant period?

ATTACHMENTS

SECTION I - Comprehensive School Health Education (Minimum requirement: Document current scope and sequence with school board approval date, curriculum development process or process for selecting curriculum committee)

_____ **Required Attachment (RA #1)**

Attach the school or school system's health education scope and sequence (goals and/or objectives for each grade level) **or**,
if in the process of developing the curriculum, attach evidence of health education committee membership, progress to date and timeline for future work **or**,
if curriculum will be developed during the grant period, attach process for identifying the health education curriculum committee members.

SECTION II - Family and Community Involvement (Minimum requirement: Document at least one example which exhibits current efforts)

_____ **Required Attachment (RA #2)**

Attach a letter of support for your grant application, documenting current efforts, from a community group, agency or business.

SECTION III - Professional Development: (Minimum requirement: Letter from professional development committee)

_____ **Required Attachment (RA #3)**

Attach a letter of support from the professional development committee(s), including a commitment to designate time for professional development for health education curriculum, instruction and assessment.

SECTION IV - Administrators Support (Minimum requirement: Letter(s) of support)

_____ **Required Attachment(s) (RA #4)**

Attach a letter of support from each building principal participating in the grant indicating their understanding of the grant expectations and their willingness to support health education curriculum, instruction and assessment.

Attach the enclosed Letter of Commitment to Attend the CSHE Summer Institute signed by an administrator.

QUESTIONS

ANSWER EACH OF THE FOLLOWING QUESTIONS. LIMIT YOUR TOTAL RESPONSE TO FOUR DOUBLE-SPACED, ONE-SIDED TYPED PAGES (Budget page is not included in the 4 page limit).

- A. Needs Statement** - 1) Describe your needs regarding health education curriculum, instruction, assessment, resources, and coordination as well as professional development for health education.
2) Conduct the enclosed Health Education Needs Assessment with at least one teacher per grade per building for grades K-8, and the health education teacher(s) at the high school. Only conduct the needs assessment with those schools that will be participating in the grant activities. Include a summary of the needs assessment including the number of teachers who responded, current teaching practices, and the highlights of identified needs.
- B. Assessment and Current Programs** - 1) Describe how health education is currently assessed and student progress reported at each grade level: elementary, middle and high school. Enclose a copy of a blank report card at each level as documentation. If health education is not currently included on student report cards, describe the process your school or system will take to add it within the grant period.
2) Describe ongoing programs that support health education (such as guidance program, schoolsite health promotion program, Tobacco Prevention and HIV/AIDS prevention education, community drug and alcohol and student assistance teams).
- C. Documentation** - 1) Describe how the grant activities will improve health and learning in your school(s).
2) Describe how you will document and evaluate the grant activities for health education curriculum, instruction, and assessment.
- D. Coordination** - 1) Describe how you plan to coordinate the grant activities with IASA, Goals 2000 and other education reform initiatives in your school(s). Describe past or current collaborative efforts on health issues that include family and community involvement.
2) List the names, titles and phone numbers of up to three key people who will be responsible for carrying out the main activities of the grant. Describe each person's role in implementing the grant. Describe the process used to include them in the writing of the application. As documentation of their involvement have each person sign by his/her name.
3) Describe how you plan to coordinate with schools in your SAU to implement comprehensive health education curriculum.
- E. Maintenance** - Describe plans for continued implementation of the health education curriculum after the grant funding ends.
- F. Budget** - Complete the Budget Page for the grant's year one activities (\$2500.00). Include the rate of payment and other significant details. Expenditures must support the Health Education Performance Outcomes To Be Accomplished outlined in the overview of the grant application.

Comprehensive School Health Education Grant

Year One

Budget

Please complete the budget below.
Each item should be clearly related to the project activities

Description
(Include Purpose and Rate of Payment)

Salaries		
Contracted Services		
Materials/ Supplies		
Travel		
Printing		
Other – Specify (Example: substitute pay)		

Total \$2,500.00

_____ + _____ = _____
(pg. 1) (pg. 2) total score

Reader ID Number _____
Application Number _____

COMPREHENSIVE SCHOOL HEALTH EDUCATION GRANT APPLICATION
EVALUATION FORM
(Sample)

Evaluation Process: Applications will be ranked against other schools/SAUs. Up to twenty of the highest rated applications will be approved and funded. Applications must receive a minimum score of 70 to be considered for funding.

Recommendations will be submitted to the Commissioner of the Maine Department of Education, who has the final authority to award the funds, subject to the approval of the Contract Review Committee. The Maine Department of Education is subject to the appeals process outlined in Department of Administrative and Financial Services rule, Chapter 120, Rules for Appeal of Contracts and Grant Awards.

REQUIREMENTS

All of the below must be included for the application to be considered:

- _____ Application is submitted by state approved school or schools (one application per SAU) or school administrative unit
- _____ Superintendent's signature is provided
- _____ Health education curriculum is established (5 points)
or
_____ Health education curriculum is being developed or willingness to develop is indicated (5 points)
-

ATTACHMENTS

Rate each attachment up to 5 points (20 points)

CSHE	Required attachment #1 _____
Family and Community Involvement	Required attachment #2 _____
Professional Development	Required attachment #3 _____
Administrators Support	Required attachment #4 _____

_____ Total page 1 (Possible 25 points)

EVALUATION FORM

(Page 2)

Rate each section up to the maximum points specified.

Comments

_____ **NEEDS STATEMENT:** (10 points)

- identifies the needs for health education
- provides specific local data to support statement of need

_____ **ASSESSMENT, CURRENT PROGRAMS:** (10 points)

- includes process for yearly reporting of student grades
- describes support from many programs

_____ **DOCUMENTATION:** (10 points)

- describes how grant activities will improve health/learning
- describes process for recording and evaluating activities

_____ **COORDINATION:** (10 points)

- includes coordination with other education initiatives
- demonstrates involvement of family/community
- includes key people and their roles
- provides evidence of key people in the planning process
- shows coordination within the SAU

_____ **MAINTENANCE:** (10 points)

- describes plans for continued implementation which are realistic and attainable

_____ **BUDGET:** (25 points)

- is complete and detailed for year one
- is related to identified needs
- is cost effective
- includes only authorized expenditures
- is linked to the expected performance outcomes

_____ Total page 2 (Possible 75 points)

HEALTH EDUCATION NEEDS ASSESSMENT

The information from this survey will be summarized and included in our Comprehensive School Health Education Grant Application being submitted to the Maine Department of Education by May 7, 1999.

SCHOOL:

GRADE:

1. What percentage of the current health education curriculum are you teaching?

2. What are your needs regarding professional development for health education curriculum, instruction, and assessment?

3. What are your needs regarding health education classroom materials (books, videos, teaching strategies, etc.)?

4. What are the your priorities regarding student assessment for health education?

Please return to:

**MAINE DEPARTMENT OF EDUCATION
COMPREHENSIVE SCHOOL HEALTH EDUCATION GRANT
APPLICATION
1999**

Letter of Commitment to Attend the CSHE Summer Institute

I, hereby agree to attend the Comprehensive School Health Education (CSHE) Summer Institute on June 30 – July 1, 1999 at Sugarloaf, USA as the administrative representative. I understand that my agreement is part of the required commitment presented by my SAU in this grant application and if I cannot attend I will arrange to have another administrator represent me at the Institute.

I agree to serve as the liaison between the grant health education curriculum committee and the administrative team.

Position:

Address:

Phone:

Name (print):

Signature: _____ Date: _____

**INCLUDE THIS LETTER OF COMMITMENT WITH THE OTHER GRANT
APPLICATION ATTACHMENTS (SECTION IV)**